

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY COMMISSIONED OFFICERS SUPPLEMENTAL APPLICATION

COMPLETE APPLICATION INCLUDES THE FOLLOWING DOCUMENTS:

1. A copy of your **High School Diploma** or **State GED Certificate**
2. A **certified copy of your college transcript(s)**, if you have attended or graduated from college
3. A copy of your **DD214**, military discharge, if applicable (If you are still active duty, please attach a note to your application stating your discharge date. Please forward the DD214 copy when you receive it.)
4. A copy of your **birth certificate** (You must include a copy of your Certificate of Naturalization if you became a United States citizen through the naturalization process.)
5. A **current, full-length (head to toe) photograph** (Driver's license pictures are not acceptable.)
6. A **certified copy of your driving record(s)** (Driving records must cover all states where a license was held over the past 5 years; South Carolina residents, please provide a 10-year certified driving record)
7. **South Carolina Certified Officer Class I LE Applicants Only:** A recent copy of your South Carolina Criminal Justice Academy certification showing your current status.

PLEASE DO NOT SUBMIT YOUR APPLICATION UNTIL IT IS COMPLETE.

Please read the following instructions carefully. Your ability to complete this supplement as requested will be evaluated and used as a basis for employment decisions. **Any falsified information will result in the rejection of your application.** Any incomplete or omitted answers to questions may delay the processing of your application. This supplement, when completed, will be used by the Law Enforcement Divisions as an investigative aid. The information will remain in the confidential files of the Office of Human Resources at the Department of Public Safety.

1. Type or print in black ink.
2. Answer all questions. If one does not apply to you, write N/A by the number.
3. If the space available is insufficient, use a separate sheet of 8 1/2 x 11 paper to complete.

PERSONAL REFERENCES

8. Fill in below the names of three (3) personal references not listed on the State of South Carolina Employment Application.

A. Name _____ Phone _____
Home Address _____
Business, Occupation, or Profession _____
Years Known _____ Name of Business _____
Business Address _____ Phone _____

B. Name _____ Phone _____
Home Address _____
Business, Occupation, or Profession _____
Years Known _____ Name of Business _____
Business Address _____ Phone _____

C. Name _____ Phone _____
Home Address _____
Business, Occupation, or Profession _____
Years Known _____ Name of Business _____
Business Address _____ Phone _____

EMPLOYMENT HISTORY

9. List all jobs not listed on the State of South Carolina Employment Application. Include all part-time and summer jobs.

Employer Supervisor _____ Address _____
Position Held _____
Dates From ____ / ____ / ____ To ____ / ____ / ____ Salary _____ Full Time Part Time
Duties: _____
Reason for Leaving: _____

Employer Supervisor _____ Address _____
Position Held _____
Dates From ____ / ____ / ____ To ____ / ____ / ____ Salary _____ Full Time Part Time
Duties: _____
Reason for Leaving: _____

Employer Supervisor _____ Address _____
Position Held _____
Dates From ____ / ____ / ____ To ____ / ____ / ____ Salary _____ Full Time Part Time
Duties: _____
Reason for Leaving: _____

Employer Supervisor _____ Address _____
Position Held _____
Dates From ____ / ____ / ____ To ____ / ____ / ____ Salary _____
Duties: _____
 Full Time Part Time

Reason for Leaving: _____

Employer Supervisor _____ Address _____
Position Held _____
Dates From ____ / ____ / ____ To ____ / ____ / ____ Salary _____
Duties: _____
 Full Time Part Time

Reason for Leaving: _____

RELEVANT LAW ENFORCEMENT HISTORY

10. Are you currently a certified law enforcement officer (police officer/deputy)?
 Yes No

If yes, please list state(s) of certification:

11. Have you ever applied to any law enforcement agency in South Carolina or any other state? Yes No
If yes, give the name of the agency(s) and dates of application:

12. Have you ever worked for any law enforcement agency in South Carolina or any other state?
 Yes No

If yes, give the name of the agency(s) and dates of employment:

13. Have you ever received any specialized training in the area of Commercial Vehicle Enforcement?
 Yes No

If yes, please list type of training and date received:

MILITARY HISTORY

14. Have you ever served in a military organization of the United States?

Yes No

If yes, attach a copy of DD214 for each period of service. If no, go to question 16.

15a.

Branch of Service _____ Service Number _____

Dates of Service _____

Type(s) of Discharge: Honorable General Dishonorable Under Honorable Conditions

Under less than Honorable Conditions Other

(Please list) _____

15b. Were you ever court-martialed, tried on charges, or subject of a summary court, deck court, Captain's mast, company punishment, ARTICLE 15 UCMJ, or any other disciplinary action while in the armed forces?

Yes No If yes, explain:

DRIVING / CRIMINAL / DRUG HISTORY

16. Starting with your current license, list all states in which you possessed a driver's license in the past five (5) years:

<u>State</u>	<u>License Number</u>	<u>From Month/Yr.</u>	<u>To Month/Yr.</u> Present

17. List ALL Arrests/Criminal Charges/Indictments AND/OR Convictions Even if already listed on the State of South Carolina Employment Application:

<u>Charge</u>	<u>Date</u>	<u>Agency</u>	<u>Final Disposition</u>

18. Are you a U. S. Citizen? Yes No By birth? Yes No
By Naturalization? Yes No (If Yes, please attach Certificate of Naturalization)

19. Have you ever used and/or experimented with illegal drugs? Yes No

If yes, please use list below to indicate use and dates of illegal drugs:

If No, you must still individually answer "Never" for each drug below.

Below you will find a list of various illegal drugs that will be used in determining your suitability for the job of a Commissioned Officer with the Department of Public Safety. It is imperative that you be truthful in all your responses. Falsification of information will result in immediate rejection of your application. If you have never tried, experimented, and/or used any of these drugs, write the word "NEVER" in the space for "Date First Used", do not leave column blank. If you have used and/or experimented (even once) put the date first used and last.

<u>TYPE OF DRUG</u>	<u>DATE FIRST USED</u>	<u>DATE LAST USED</u>
Marijuana.....	_____	_____
Cocaine.....	_____	_____
Hashish (Hash).....	_____	_____
LSD (Acid).....	_____	_____
Opium.....	_____	_____
Heroin.....	_____	_____
Speed.....	_____	_____
Crack.....	_____	_____
Illegal Anabolic Steroids.....	_____	_____
PCP.....	_____	_____
Mushrooms.....	_____	_____
Illegal Inhalants (Any).....	_____	_____
Methamphetamine (Meth).....	_____	_____
Ecstasy.....	_____	_____
GHB /DMX (Any Roofies).....	_____	_____
Party Designer Drugs (Any).....	_____	_____
Hallucinogens (Any).....	_____	_____
ANY Other Illegal Drug or Substance (Specify Name) _____	_____	_____

20. Have you ever sold illegal drugs? Yes No

If yes, were you ever convicted? Yes No

If convicted, was the conviction a felony misdemeanor? _____

21. Has your credit record ever been considered unsatisfactory due to collections, write-offs with a balance, liens, involuntary repossession, failure to pay just debts, judgments or foreclosures?

Yes No



Read the following statement carefully!

I hereby swear or affirm that there are no willful misrepresentations or omissions on this document. I am aware that should an investigation disclose such willful misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying for a fixed period of time for any position in the service of the South Carolina Department of Public Safety. If after my acceptance for employment, subsequent investigation should disclose omissions, or falsifications, it will be just cause for immediate dismissal.

Signature _____ Date _____

PLEASE ATTACH FULL-LENGTH
PHOTOGRAPH HERE

**South Carolina Department of Public Safety
Personal Inquiry Waiver
Authority for Release of Information**

To: Concerned person or Authorized
Representative of any Organization,
Institution or Repository

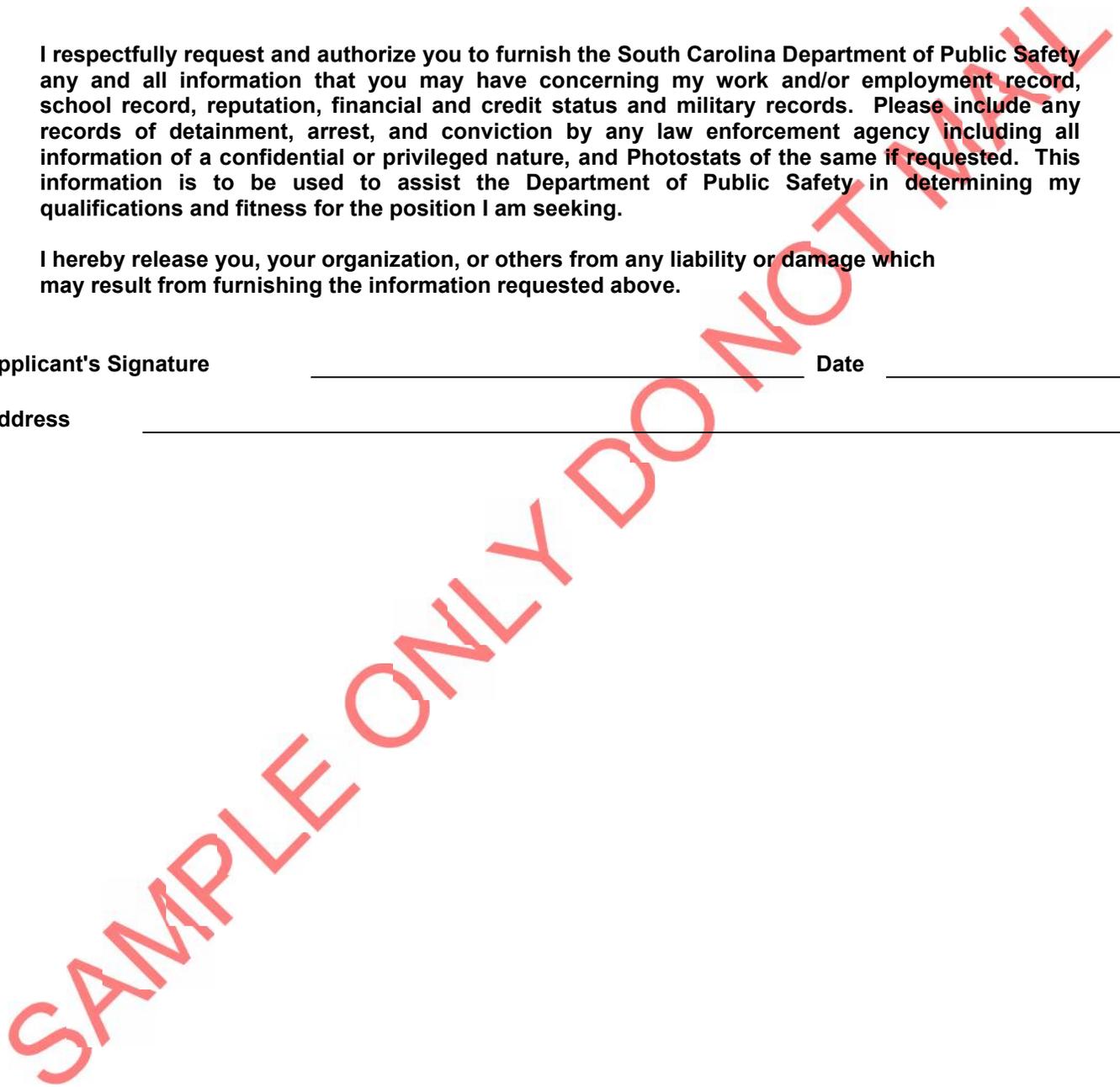
Applicant's Name _____
Date of Birth _____
Social Security # _____

I respectfully request and authorize you to furnish the South Carolina Department of Public Safety any and all information that you may have concerning my work and/or employment record, school record, reputation, financial and credit status and military records. Please include any records of detainment, arrest, and conviction by any law enforcement agency including all information of a confidential or privileged nature, and Photostats of the same if requested. This information is to be used to assist the Department of Public Safety in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature _____ Date _____

Address _____



South Carolina Department of Public Safety
Polygraph Examination Consent

Applicant's Name _____

Date of Birth _____

Social Security # _____

I have been advised and I am fully aware that I will be requested to submit to a polygraph examination. The purpose of the examination is to assist in verifying all information furnished in this application and obtained during applicant investigation. I am fully aware that my refusal to submit to the polygraph exam will terminate further consideration for my employment.

I am willing to take the polygraph examination.

I am not willing to take the polygraph examination.

Applicant's Signature _____ **Date** _____

SAMPLE ONLY DO NOT MAIL

South Carolina Department of Public Safety
Notice of Obtaining Consumer Report

To: Applicant's Name _____
Date of Birth _____
Social Security # _____

In connection with your application for employment, the South Carolina Department of Public Safety may obtain a consumer report (as defined by the Fair Credit Reporting Act) concerning you from a consumer reporting agency. This report will be used for employment purposes.

I have read and understand the above disclosure and hereby authorize the South Carolina Department of Public Safety to obtain a consumer report.

Applicant's Signature _____ Date _____

Address _____

Home phone () _____

Work phone () _____

Other Contact Numbers () _____ () _____
Primary Cell Phone Alternate Number

E-Mail Address: _____

DOCUMENT CHECKLIST:

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH YOUR APPLICATION:

1. A copy of your High School Diploma or State GED Certificate
2. A certified copy of your college transcript(s)
3. A copy of your DD214
4. A copy of your birth certificate
5. A current full-length (head to toe) photograph
6. A certified copy of your driving record(s) for the last 5 years (10 yrs if South Carolina)

South Carolina State Government Employment Application Addendum

(South Carolina Highway Patrol Trooper Position Specific Page)

Please Only Fill Out This Page If You Are Applying For a SCHP Position

Please complete the following information:

Are you willing to accept the following type position? (Answer all four)

Permanent? Yes No Temporary? Yes No Full Time? Yes No Part Time? Yes No

Are you willing to accept a position ANYWHERE in the State? Yes No

** If you select **NO**, you may list up to five counties you would be willing to move to in order to adhere to the SCHP 30 mile radius residency rule. **(To be a State Trooper you must reside within a 30 mile radius of the County/Post Headquarters that you are assigned to)** List the code number, from the list on the bottom of this page, of the county or counties which you live 30 miles from or are willing to move to. (Up to five counties).

(If you answered YES, do not put down any counties)

_____, _____, _____, _____, _____

**** POSITIONS WILL BE FILLED BASED ON THE CRITICAL AREA MANPOWER NEEDS OF THE HIGHWAY PATROL AT THE TIME OF YOUR EMPLOYMENT, THESE CRITICAL NEEDS CHANGE AND VARY WITH TIME. YOUR ADDRESS MUST BE WITHIN 30 RADIUS MILES OF ANY COUNTY/POST HQ YOU PUT DOWN AS A CHOICE. IF YOU ARE UNWILLING TO MOVE THIS LIMITS MOST ADDRESSES TO ONLY ONE OR TWO COUNTIES.**

Please check the source which caused you to apply:

- (CR) TEC School or College Recruitment –Name: _____
- (FR) Field Recruitment (Recruiter's Name) _____
- (EC) Employment Security Commission _____
- (SE) Recommended by state employee Name: _____
- (UA) Unsolicited application _____
- (WS) State of South Carolina Employment Web Site or SCDPS Website (The Internet)

Certification of Applicant: By my signature, I affirm, agree and/or understand that all statements on this form are true and accurate.

Signature _____ Date _____

List of Code Numbers of S. C. Counties

01 Abbeville	17 Dillon	33 McCormick
02 Aiken	18 Dorchester	34 Marion
03 Allendale	19 Edgefield	35 Marlboro
04 Anderson	20 Fairfield	36 Newberry
05 Bamberg	21 Florence	37 Oconee
06 Barnwell	22 Georgetown	38 Orangeburg
07 Beaufort	23 Greenville	39 Pickens
08 Berkeley	24 Greenwood	40 Richland
09 Calhoun	25 Hampton	41 Saluda
10 Charleston	26 Horry	42 Spartanburg
11 Cherokee	27 Jasper	43 Sumter
12 Chester	28 Kershaw	44 Union
13 Chesterfield	29 Lancaster	45 Williamsburg
14 Clarendon	30 Laurens	46 York
15 Colleton	31 Lee	
16 Darlington	32 Lexington	

South Carolina State Government Employment Application Addendum

(South Carolina State Transport Police Position Specific Page)

Please Only Fill Out This Page If You Are Applying For a STP Position

Please complete the following information:

Are you willing to accept the following type position? (Answer all four)

Permanent? Yes No Temporary? Yes No Full Time? Yes No Part Time? Yes No

Are you willing to accept a position ANYWHERE in the State? Yes No

** If you select NO, you may list up to five counties you would be willing to move to in order to adhere to the STP Residency Rule.

(To be a State Transport Police Officer you must reside within The district you are assigned to. Refer to the STP Webpage for District Map) List the code number, from the list on the bottom of this page, of the county or counties which you are willing to move to in order to adhere to residency rule. (Up to five counties).

(If you answered YES, do not put down any counties)

_____, _____, _____, _____, _____

**** POSITIONS WILL BE FILLED BASED ON THE CRITICAL AREA MANPOWER NEEDS OF THE STATE TRANSPORT POLICE AT THE TIME OF YOUR EMPLOYMENT, THESE CRITICAL NEEDS CHANGE AND VARY WITH TIME. YOUR ADDRESS MUST BE WITHIN THE DISTRICT IN WHICH YOU ARE ASSIGNED TO. IF YOU ARE UNWILLING TO MOVE THIS LIMITS THE EMPLOYMENT AREAS YOU CAN BE ASSIGNED TO.**

Please check the source which caused you to apply:

- (CR) TEC School or College Recruitment –Name: _____
- (FR) Field Recruitment (Recruiter's Name) _____
- (EC) Employment Security Commission _____
- (SE) Recommended by state employee Name: _____
- (UA) Unsolicited application _____
- (WS) State of South Carolina Employment Web Site or SCDPS Website (The Internet)

Certification of Applicant: By my signature, I affirm, agree and/or understand that all statements on this form are true and accurate.

Signature _____ Date _____

List of Code Numbers of S. C. Counties

01 Abbeville	17 Dillon	33 McCormick
02 Aiken	18 Dorchester	34 Marion
03 Allendale	19 Edgefield	35 Marlboro
04 Anderson	20 Fairfield	36 Newberry
05 Bamberg	21 Florence	37 Oconee
06 Barnwell	22 Georgetown	38 Orangeburg
07 Beaufort	23 Greenville	39 Pickens
08 Berkeley	24 Greenwood	40 Richland
09 Calhoun	25 Hampton	41 Saluda
10 Charleston	26 Horry	42 Spartanburg
11 Cherokee	27 Jasper	43 Sumter
12 Chester	28 Kershaw	44 Union
13 Chesterfield	29 Lancaster	45 Williamsburg
14 Clarendon	30 Laurens	46 York
15 Colleton	31 Lee	
16 Darlington	32 Lexington	

South Carolina State Government Employment Application Addendum
(South Carolina Bureau of Protective Services Position Specific)

*****Please Only Fill Out This Page If You Are Applying For a BPS Position*****

Please complete the following information:

Are you willing to accept the following type position? (Answer all four)

Permanent? Yes No Temporary? Yes No Full Time? Yes No Part Time? Yes No

The Bureau of Protective Services currently only has positions available out of their BPS headquarters building location:

Edgar A. Brown Building
1205 Pendleton Street, Suite 106
Columbia, SC 29201.

The Bureau of Protective Services Division does not currently issue patrol vehicles to all sworn officers. You must reside within 30 radius miles of the BPS Headquarters.

Do you understand and agree that if you are offered a position with BPS you will have to travel to Richland/Lexington Counties in your own vehicle at your own expense? Yes No

Do you understand and agree to the 30 mile radius BPS residency requirement? Yes No

Please check the source which caused you to apply:

- (CR) TEC School or College Recruitment –Name: _____
- (FR) Field Recruitment (Recruiter's Name) _____
- (EC) Employment Security Commission _____
- (SE) Recommended by state employee Name: _____
- (UA) Unsolicited application _____
- (WS) State of South Carolina Employment Web Site or SCDPS Website (The Internet)

Certification of Applicant: By my signature, I affirm, agree and/or understand that all statements on this form are true and accurate.

Signature _____ Date _____



South Carolina Department of Public Safety

Applicant Waiver

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT, EXTEND ANY CONTRACTUAL RIGHTS, OR PROVIDE FOR ANY ENTITLEMENTS BETWEEN THE APPLICANT AND THE AGENCY ANY ASSURANCES OR DECLARATIONS, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO AND/OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH DOES NOT CREATE ANY CONTRACT OF EMPLOYMENT. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART, AT ANY TIME.

I, _____, have submitted application with the South Carolina Department of Public Safety (SCDPS) for the position of _____.

I am currently employed _____

With _____ as _____
a/an _____

(Employer)

(Title)

(Initial)

I fully understand that SCDPS will conduct a complete and thorough background investigation to ensure that I have the necessary skills, abilities and integrity to perform the required duties of the position with SCDPS. I recognize and understand that this background investigation will include, but not be limited to matters pertaining to personal history, use of illegal drugs, criminal misconduct, domestic violence, and any other behaviors considered by SCDPS that would have a negative impact upon the position. I also fully understand that information learned by SCDPS may result in my not being hired.

(Initial)

Recognizing all of the above, I hereby consent to SCDPS conducting the aforesaid background investigation and further consent to SCDPS disclosing the findings and results of this comprehensive background investigation to my current employer as SCDPS deems appropriate. I understand that this disclosure may result in adverse consequences for me with my current employer, including but not limited to termination from employment, negative reference for future employment and possible criminal prosecution. I agree to hold SCDPS harmless from any and all claims made by me as a result of this release of information.

(Initial)

I have initialed each of the above paragraphs and have signed this Waiver at the bottom of this page. I fully understand this Waiver, have been offered and have declined to withdraw my application for employment with SCDPS to avoid such background investigation and disclosure, and voluntarily elect to continue with my application process under the above stated terms and conditions.

(Initial)

Name of Current Employer

Address of Current Employer

Name of Current Department Head

Phone Number of Department Head

Signed this _____ day of _____, 20____ at _____, S.C.

Applicant Signature

Witness Signature